

AUG 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26722

1. PLACE OF DEATH

County BuchananRegistration District No. 1051File No. 810Township St. JosephPrimary Registration District No. 1051Registered No. 810City St. Joseph (No. Mo. Methodist Hospital)Ward St.

2. FULL NAME

Charles F. Schall(a) Residence, No. 1214 North 22nd. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFIda M. Schall6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.47925

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.....Monument Business10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) St. Joseph
Missouri

FATHER

13. NAME Charles Schall14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
Canada

MOTHER

15. MAIDEN NAME Matilda Fetzner16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) St. Joseph
Missouri17. INFORMANT Ida M. Schall
(ADDRESS) 1214 North 22nd. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mora Cem. DATE July 23, 193719. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1836 Grand St.20. FILED 7/22 37 W. J. Teitelbusch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 193722. HEREBY CERTIFY, that I attended deceased fromJuly 20, 1937, to July 20, 1937I last saw him alive on July 20, 1937. Death is saidto have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset July 20Other contributory causes of importance:
Chronic Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis? Chromat Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. S. Cannon, M. D.(Address) Winkatree Bld.
St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

